ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | DM | 70597 | 1/19 |
| O.I.PE. CLASSIFIER | | | 2-9-00 |
| FORMALITY REVIEW | JW | 68796 | 2-9-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ ................................. Rejected | N .................................. Non-elected |
| = ................................. Allowed | I .................................. Interference |
| – (Through numeral)... Canceled | A .................................. Appeal |
| ÷ ................................. Restricted | O .................................. Objected |

| Claim Final | Original | Date | | Claim Final | Original | Date | | Claim Final | Original | Date |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | | | | 51 | | | | 101 | |
| 2 | 2 | | | | 52 | | | | 102 | |
| 3 | 3 | | | | 53 | | | | 103 | |
| 4 | 4 | | | | 54 | | | | 104 | |
| 5 | 5 | | | | 55 | | | | 105 | |
| 6 | 6 | | | | 56 | | | | 106 | |
| 7 | 7 | | | | 57 | | | | 107 | |
| 8 | 8 | | | | 58 | | | | 108 | |
| 9 | 9 | | | | 59 | | | | 109 | |
| 10 | 10 | | | | 60 | | | | 110 | |
| 11 | 11 | | | | 61 | | | | 111 | |
| 12 | 12 | | | | 62 | | | | 112 | |
| 13 | 13 | | | | 63 | | | | 113 | |
| 14 | 14 | | | | 64 | | | | 114 | |
| 15 | 15 | | | | 65 | | | | 115 | |
| 16 | 16 | | | | 66 | | | | 116 | |
| 17 | 17 | | | | 67 | | | | 117 | |
| 18 | 18 | | | | 68 | | | | 118 | |
| 19 | 19 | | | | 69 | | | | 119 | |
| 20 | 20 | | | | 70 | | | | 120 | |
| 21 | 21 | | | | 71 | | | | 121 | |
| 22 | 22 | | | | 72 | | | | 122 | |
| 23 | 23 | | | | 73 | | | | 123 | |
| 24 | 24 | | | | 74 | | | | 124 | |
| 25 | 25 | | | | 75 | | | | 125 | |
| 26 | 26 | | | | 76 | | | | 126 | |
| 27 | 27 | | | | 77 | | | | 127 | |
| 28 | 28 | | | | 78 | | | | 128 | |
| 29 | 29 | | | | 79 | | | | 129 | |
| 30 | 30 | | | | 80 | | | | 130 | |
| 31 | 31 | | | | 81 | | | | 131 | |
| 32 | 32 | | | | 82 | | | | 132 | |
| 33 | 33 | | | | 83 | | | | 133 | |
| 34 | 34 | | | | 84 | | | | 134 | |
| 35 | 35 | | | | 85 | | | | 135 | |
| 36 | 36 | | | | 86 | | | | 136 | |
| 37 | 37 | | | | 87 | | | | 137 | |
| 38 | 38 | | | | 88 | | | | 138 | |
| 39 | 39 | | | | 89 | | | | 139 | |
| 40 | 40 | | | | 90 | | | | 140 | |
| 41 | 41 | | | | 91 | | | | 141 | |
| 42 | 42 | | | | 92 | | | | 142 | |
| 43 | 43 | | | | 93 | | | | 143 | |
| 44 | 44 | | | | 94 | | | | 144 | |
| 45 | 45 | | | | 95 | | | | 145 | |
| 46 | 46 | | | | 96 | | | | 146 | |
| 47 | 47 | | | | 97 | | | | 147 | |
| 48 | 48 | | | | 98 | | | | 148 | |
| 49 | 49 | | | | 99 | | | | 149 | |
| 50 | 50 | | | | 100 | | | | 150 | |

If more than 150 claims or 10 actions
staple additional sheet here

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